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Effects of social protection for women in informal work on maternal and child health outcomes:

A systematic Literature Review

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1. Introduction

The International Labour Organization estimates that, globally, approximately two billion people are employed in the informal economy. Of this, 740 million are female workers [1]. In Asia and Africa, a large proportion of non-agricultural female workforce is employed in the informal economy in urban areas. Women workers are concentrated in sectors such as domestic work, street vending, waste picking and home-based work [2,3]. However, extant literature has shown that women in the urban informal economy remain 'invisible' [4,5] and are rendered vulnerable by low and often irregular incomes, limited or no access to social security benefits, and noncompliance of labour protections such as maternity leave and minimum wage [6].

While informal work is crucial for these women, it is also a source and site of their vulnerability. For instance, apart from earning a livelihood, women working in the informal economy are expected to support their families as well as protect and nurture their children in settings where they themselves are vulnerable to gender inequity, environmental hazards and social, economic and structural disadvantages [7]. Given these conditions, informal employment significantly impacts maternal and child health outcomes with households becoming vulnerable to economic insecurity, women being subject to stress and ill-health and their children failing to benefit from optimal care for development.

How could the circumstances of informally working mothers be ameliorated? The relationship between motherhood and work is often meant to be mediated by labour entitlements (for example: maternity leave) or broader social protection measures. For informal workers, given the absence of labour entitlements that accompany formal employment, it is the latter social protection measures that must bear the disproportionate weight to enhance maternal and child health outcomes. This makes it critical to assess whether social protection interventions as currently practiced have impacted maternal, newborn and child health (MNCH) outcomes for mothers working informally.

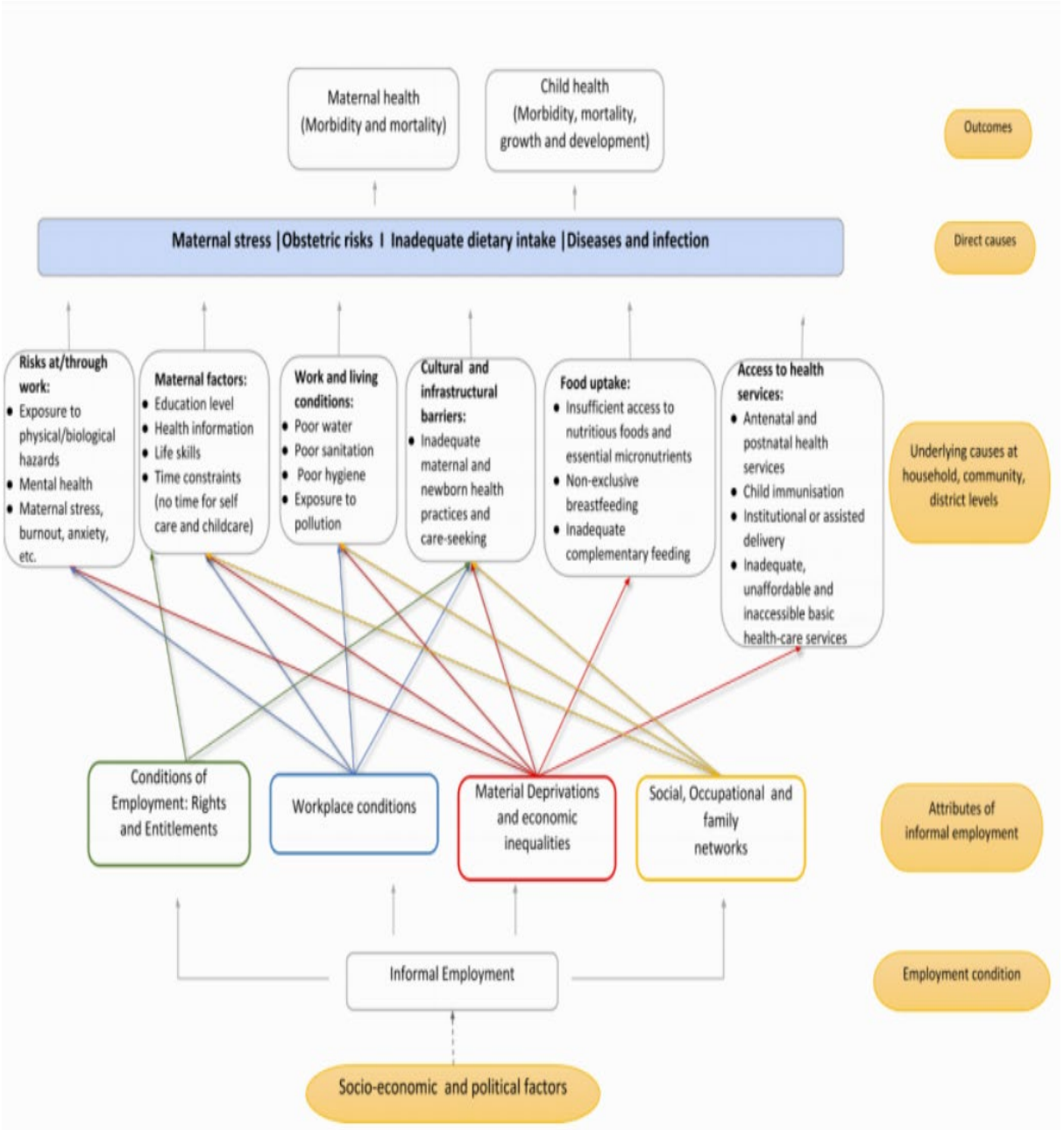
It is widely recognized today that social protection interventions can play a critical role in arresting poverty, and enabling households to seek health care [8, 9,10]. Such measures could, conceptually, also address the factors that make informal work vulnerable, or provide working mothers opportunities to secure their core human development needs and protect themselves and their families against different forms of risk. However, evidence on existence and nature of these interventions as well as their possible effectiveness in improving maternal, newborn and child health outcomes (MNCH) is scant.

We conducted a mixed-methods systematic literature review of the impact of social protection interventions –whether implemented by the state, not-for-profit organizations or private entities - on MNCH for women working in the informal economy. Such interventions could range from, for example, cash transfers to insurance schemes, public education systems to skill training. We did so hoping that lessons from the review could identify what kinds of social protection interventions address informal employment; the effects that existing interventions have had on MNCH outcomes; whether particular forms of interventions have different kinds of effects, and how to address critical gaps in intervention design and efficacy. The review can also inform the kinds of research and knowledge production that would strengthen our knowledge about the inter-connections between informal work, social protection and maternal and child health.

2. Framework

We developed a framework (Figure 1) to guide our review. We hypothesised the multiple pathways that connect informal employment and MNCH outcomes. We combined elements from the UNICEF framework on child malnutrition (1990), the framework on maternal and neonatal mortality and morbidity (2009) and the macro level and micro level theoretical conceptual models of employment conditions and health inequities [11]. We show six pathways through which mothers' employment in the informal economy could influence MNCH outcomes.

Figure 1: Pathways to Maternal, Newborn and Child Health outcomes



The pathways are:

- Risks at work: exposure to physical or biological hazards, mental health stress, maternal stress borne out of balancing work and home life after childbirth
- Work and living conditions: access to water and sanitation, as well as a hygienic, healthy and safe work environment
- Food uptake: rates of breastfeeding and complementary feeding, dietary diversity, access to nutritious food for woman and child
- Access to healthcare: affordable and quality health care services for antenatal and postnatal care and institutional birth, immunization of children; access to primary health care
- Maternal factors: education levels, health information, life skills.
- Cultural and infrastructural barriers: access to information on health and wellbeing, child care practices, care during pregnancy and after child birth, change sin information, perceptions and experiences

Social protection programmes can play a critical role in addressing one or all of these pathways, in turn affecting MNCH outcomes.

3. Scope of the review and methods

The research question for mixed methods review is: what is the impact of social protection interventions that address women in the urban informal economy on MNCH outcomes. We explain each of these terms below in defining our inclusion and exclusion criteria:

3.1 Inclusion and exclusion criteria

As per our inclusion criteria, the study had to address:

a) women working in the urban informal economy;

The terms informal sector (production and employment that places in unincorporated small or unregistered enterprises), informal employment (employment without legal and social protection both inside and outside the informal sector) and informal economy (units, activities, and workers so defined and the output from them) [12] are often used interchangeably. Our review used "informal economy" as an umbrella term that encapsulates these three common definitions. Workers in the informal economy include those who are self-employed as well as those engaged in wage employment [12], as categorized below:

Informal self-employment: employers in informal enterprises; own account workers in informal enterprises; contributing family workers (in informal and formal enterprises); members of informal producers' cooperatives (where these exist)

Informal wage employment: employees of informal enterprises; casual or day labourers; temporary or part-time workers; paid domestic workers; contract workers; unregistered or undeclared workers; industrial outworkers (also called homeworkers)

b) report a social protection intervention

Social protection plays an important role in alleviating poverty, improving standards of living, mitigating risks and shocks, and reducing episodes of financial adversities [13]. In this review, we use the following definition of social protection: "all public and private initiatives that provide income or consumption transfers to the poor, protect the vulnerable against livelihood risks and enhance the social status and rights of the marginalized; with the overall objective of reducing the economic and social vulnerability of poor, vulnerable and marginalized groups". We include four types of 'social protection' interventions [14]:

a) protective measures (guarantee relief from deprivation)
b) preventive measures (avert deprivation)
c) promotive measures (enhance real incomes and capabilities)
d) transformative measures (aim at social equity and inclusion, empowerment and rights)

c) No comparator was required

d) report on a MNCH outcome

We considered all outcomes for maternal health (related to the period of pregnancy, childbirth and up to six weeks after birth) and for newborn and child health (children up to the age of 5 years). We did not search on outcomes but expected to find the following outcomes. For maternal health: maternal morbidity and mortality, maternal stress, obstetric risk, disease and infection, dietary intake, access and use of services. For child and newborn health: malnutrition measured as stunting, wasting, underweight, morbidity and mortality; growth and development; dietary intake; disease and infection; breastfeeding

e) any primary research including quantitative and qualitative methods as well as mixed-methods.

f) We did not restrict studies by date or country as long as it was located in urban settings.

Any study that did not meet the criteria outlined above was excluded. Editorials, commentaries, proposals, conference papers, policy documents and case studies that did not present a methodological section were excluded.

3.2 Search strategy

The protocol for this review was registered on Prospero (ID: CRD42019130541). We reviewed studies published in five major electronic databases including PubMed, ProQuest, LILACS, Web of Science and EBSCO. English keywords were used in LILACS as well. Our primary search strategy focused keywords for social protection, and secondary search looked at nature or type of work. The research team created an exhaustive list of keywords (Table 1) to search the databases. Boolean operators OR and AND were used to put together different keywords of one category (example: all terms related to social protection) and across different categories of keywords (example: social protection AND informal economy AND maternal/newborn/child health) respectively.

Table 1: Search Keywords

Intervention	Sector/work type	Outcome
Work condition*	Informal work	Maternal health
Sickness benefit*	Informal economy Informal	Child health
Maternity leave	employment Informal enterprise	Newborn health
Maternity benefit*	Informal sector unorganized sector	New born health
Minimum wage*	Unorganised sector	
Subsid*	Unorganized worker*	
Income supplement	Unorganised worker*	
Food stamp	Unorganized work	
Take home ration	Unorganised work	
In kind transfer	Self-employ*	
In-kind transfer	Small firm*	
Health insurance	Own account enterprise*	
Cash transfer*	Own account work*	
Community finance*	Own account operator	
Social benefit*	Undocumented work*	
Social support	Unregistered work*	
Social welfare	Casual work*	
Social assistance	Industrial outwork*	
Social protection	Day labo*	
Social safety net*	Day work*	
Social security	Family work*	
Social pension	Construction work*	
Social insurance	Street vend*	
	Street hawk*	
	Domestic work*	
	Home-based work*	
	Factory work*	
	Waste work*	

Although systematic reviews were excluded, we hand searched their reference lists to identify relevant literature that could be used in our review.

We also searched the available grey literature on the websites of UNICEF, WIEGO, World Bank and reached out to subject experts for their inputs on studies that could be included in our review.

3.3 Paper selection and screening

The search was performed across databases by DR, ARC and an intern who was specifically trained for this project. Title and abstracts were independently screened by DR, ARC and AS. 198 studies were identified for full text screening by DR, ARC, AS and GB. The team members collectively discussed and resolved any queries. Ten studies remained that were reviewed by each member of the team to build consensus over the final list of included studies.

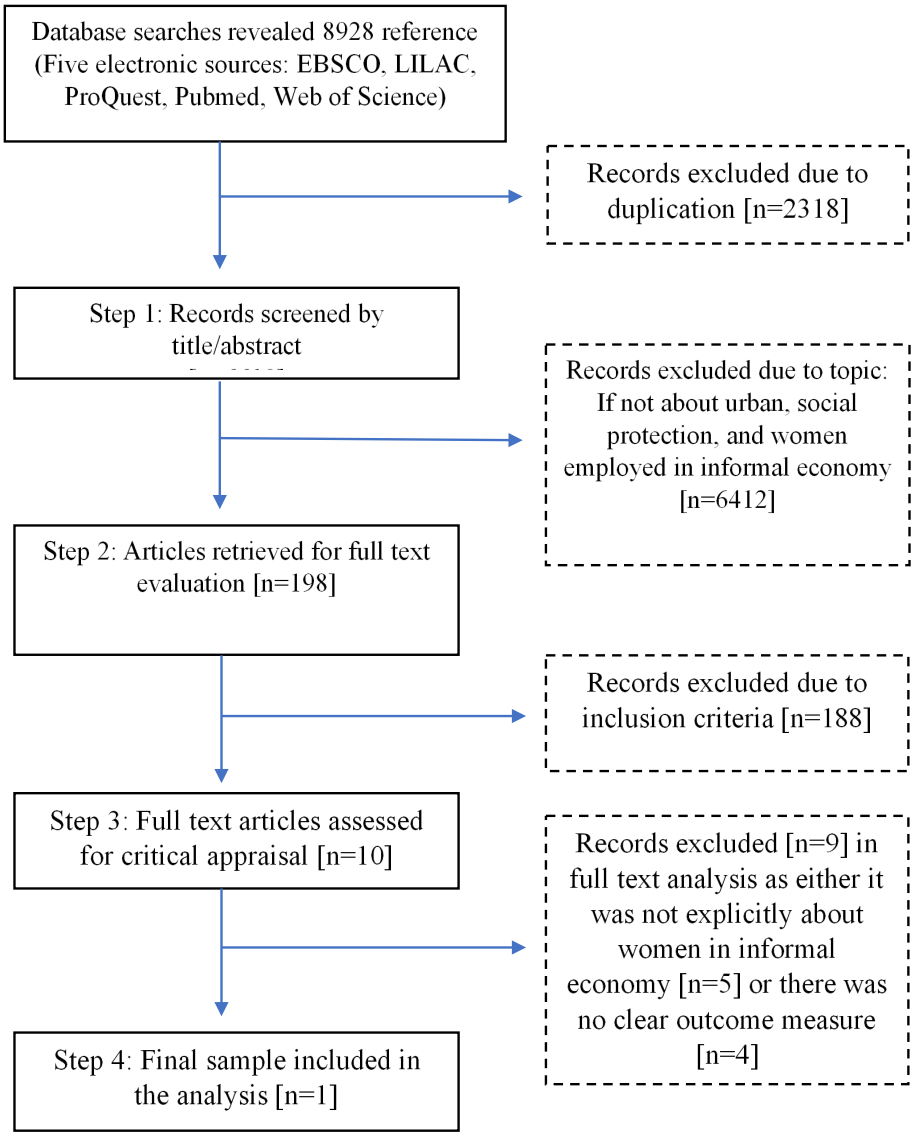
3.4 Data extraction and analysis

A standardized format was used to extract data from each study: citation, study characteristics (objective, location, design, sampling techniques, sample size, methods), study population (type and nature of work, demographic characteristics), description and type of the intervention, outcomes of the intervention (based on research objective and the framework). the data extraction process was undertaken individually by the four members and then discussed collectively as well.

4. Findings

Based on the keywords, searches of the electronic databases yielded a total of 8928 studies. Of this, 2318 duplicated articles were identified and excluded. The remaining 6610 articles were screened by abstract and title by members of the research team to determine inclusion for the full-text review. At this stage, the inclusion criteria applied was deliberately broad. Abstracts that discussed social protection measures but did not explicitly mention or were unclear on the nature or sector of work or its location in the urban were included; total of 198 studies were identified for full-text review. Of these nine studies were deemed to have met the inclusion criteria. Upon further discussion among the team, only one study was included in the final analysis review. This process has been depicted in Figure 2.

Figure 2: Flow chart of included study



Only one study met our inclusion criteria. The study looked at surveys conducted pre and post the introduction of a Paid Parental Leave Scheme (PPL) that was partially funded by the Federal Government in Australia [15]. Here, we quote key points from the study's methods and findings:

> *The PPL aimed to provide mothers employed before birth, 18 weeks of pay at the minimum wage. Any mother who had worked for at least 10 months of the previous 13 months without a break of more than 8 weeks and who had worked approximately 7 hours a week on average was eligible to apply. For those mothers who also had employer paid leave, the government entitlement could be taken in addition to any provisions from their employer. Thus, the scheme provided near universal coverage, as it covered even those working minimal hours, those with poor or uncertain employment conditions (i.e. casual or self-employed, small organisations), and those who had not previously had access to paid leave.*
>
> *The data for this study came from two cross-sectional surveys of mothers who met the eligibility criteria for the Australian Government's paid parental leave (PPL) scheme, one conducted before the introduction of the scheme and the second after. The first survey, pre-PPL, was a telephone survey delivered to a random sample of 2,587 mothers drawn from an administrative database covering 97% of Australian mothers who had a baby in October or November 2009. Mothers were screened into the study by a series of questions to establish whether they met the work test criteria for PPL. The survey was conducted when babies were around 12-14 months of age. The survey had a response rate of 80%. The PPL came into effect in January 2011. The second survey, post-PPL, was a longitudinal study.*
>
> *At the time of the survey with 4201 mothers, their babies were 6-8 months old, with a response rate of 73.5%. Wave 2 post-PPL comprised 3,487 of these mothers (retention rate of 84.1%) surveyed again when their babies were 12-13 months old. To enable comparability with the pre-PPL survey that looked at children between 12-13 months, the authors have used the second wave of the post PPL survey.*
>
> *The results for mental health show that mothers in the post-PPL sample had higher average mental component scores (50.78), net of other factors, compared to mothers in the pre-PPL sample (49.43). For contract type, the results indicate that post-PPL women who were on permanent or ongoing contracts had significantly higher levels of mental health than pre-PPL women. The results were similar for those on casual contracts. The results for physical component scores suggest that women both sectors (permanent and fixed term contracts) had significantly higher levels of physical health post-PPL than pre-PPL.*
>
> *Similarly, for organisation size, post-PPL women had higher physical component scores regardless of the number of employees in the organisation they worked for before birth. An important finding in the study is that health gains were observed among the most disadvantaged mothers in the labour markets, those employed on casual contracts. Casually employment women showed significantly better mental health scores post-PPL in comparison to their counter parts pre-PPL. Mothers were more likely to delay return to work.*

5. Discussion

The study above shows that this social protection intervention had positive impacts for women employed in the informal economy in the given context. Yet, as our review has shown, there is a dearth of evidence available to affirm the impact of these interventions - Our core finding in a sense is a confirmation of a significant knowledge and evidence gap.

What could be reason for this gap? Evidence gaps are generated from all directions: social protection interventions either don't focus on MNCH outcomes or on informal workers, and certainly do not recognise the need to assess MNCH outcomes within informal workers. (See box below)

Themes from studies that were not included

Ten studies were considered for inclusion during the screening process. Of these nine studies were excluded from the final systematic literature review either because they did not specifically mention women working in the informal economy or because no outcome measure was reported. These studies, though excluded from the review, provide some valuable insights that we share below:

1. We found studies that report interventions that combine social protection such as paid parental leave and MNCH outcomes but not mothers working informally or the category of informal worker [16,17]. The focus on most of these was formal sector employment and some did not provide disaggregated data by type of employment which made clear inclusion impossible [18,19]
2. Studies that looked at informal work set-ups were descriptive in nature, and described the intervention and its design rather than the effects [20,21]. The gaps then are particular: a neglect of studies outside formal employment when maternity benefits and MNCH outcome are studied, and an absence of any studies on effects even when informally working women are the subject of research.
3. Often social protection is designed as a universal programme, thereby making the formal/informal distinction possibly less relevant. However, we find that studies within Universal Health Care (UHC), which assures coverage of the entire population, enrolment and utilization of UHC remains low among informal workers [22]. Two studies from Ghana that discuss insurance are notable here. In the first, cost of premium and service quality was recognized as major reasons for drop out from health insurance [23]. The second suggested that time poverty, lack of information, harsh work environments that reduced opportunities to enroll or seek care, inability to maintain documents that were necessary to seek healthcare prevented women from accessing care [24]. Though enrolment is an indicator of access and utilization, the implications of universal coverage for maternal and child health have not been adequately documented in these particular studies. However, studies do suggest that informal employment structurally shapes enrolment gaps even in universal social protection interventions that are not specifically designed to anticipate or address informal working conditions. These suggest both that specific interventions targeting informal workers could improve enrolment but also that, post-enrolment, studies must anticipate and trace differential impacts within informal workers. However, while both the studies include informal workers as part of their study population and discuss their challenges in accessing universal social protection, neither of these studies look at the effects of enrolment (or the lack of it) on health outcomes.
4. Studies on social protection for informal workers which do not directly distinguish impacts on MNCH outcomes e.g. cash transfers (education and nutrition), insurance programmes (health). These targeted programmes often focused on poverty alleviation and asset creation, and are not designed to address the MNCH outcome for female informal workers. Where national programmes exist that have explicitly included informally working mothers, such as a recent effort in India where informally working mothers can claim compensation for wages lost due to childbirth and care, there are no evaluations on how these have impacted MNCH outcomes, if at all. As our review has shown, such evaluation studies remain completely absent.

The lack of evidence has strong implications for both research and practice within social protection, development practice, public health as well as work within informal employment and livelihood promotions. It also indicates the need for work that methodologically is able to not only describe inter-connections [25] but to identify interventions and measure their effects on MNCH outcomes, without which translation of conceptual paradigms into practice will be unviable. Such translation is the kind of knowledge that vulnerable, working mothers need in order to reach the outcomes that both they and policymakers desire for them as well as their children. Reviews of non-peer reviewed publications by organisations of informal workers and agencies engaged in social protection interventions shows that there has been a consistent effort by workers' unions and not-for-profit organizations to improve social protection for female informal workers [26]. However, these efforts prioritize wages or improving quality of work and living conditions. Recent efforts have begun to articulate needs of attaining childcare facilities [7]. The health outcomes of female workers and their children has been articulated to some extent, but has not garnered enough attention or focus. Where national programmes exist that have explicitly included informally working mothers, such as a recent effort in India where informally working mothers can claim compensation for wages lost due to childbirth and care, there are no evaluations on how these have impacted MNCH outcomes, if at all.

The functions of systematic literature reviews are to survey and describe the state of evidence on a particular issue through a comprehensive assessment. The presence or absence of such knowledge is itself then part of the review's argument. We mark that importance of this knowledge gap given the dominance of informal employment globally and especially in the Global South, its gendered nature, and its clear relationship to the success of social protection measures intended to alleviate poverty and enable human development. One of the clear findings of this review is thus a significant knowledge gap on the inter-connections between social protection, informal employment and MCH outcomes.

In the past few years, there has been a global momentum to achieve the Sustainable Development Goals (SDGs). Goal 3 of the SDGs aims to achieve "health and well-being for all". Targets 3.1 and 3.2 specifically focus on reducing maternal and neonatal mortality and morbidity, and target 3.8 seeks to achieve universal health coverage including financial and risk protection. In order to achieve these targets, countries must aim to reach the most vulnerable populations such as female workers engaged in informal economy, whose work environments jeopardize their and their children's health outcomes while simultaneously denying access to basic social protection measures to overcome them (ILO, 2017). Perhaps, in order to do so, the intersections between MNCH, social protection and informal work must be studied from the vantage point of various disciplinary and conceptual knowledge frameworks be it public health, urban studies or labour studies.

In 2020, the COVID19 health crisis has brought to the light the "potentially devastating" relationship between livelihoods in the informal economy and occupational health affordances to these workers. National lockdowns and suspension of economic activity compounded the already irregular incomes earned by women in the informal economy causing households to suffer, and individual levels of stress to increase. Knowledge that both allows diagnosis and analysis of these interconnections, but also undertakes evaluations will allow for translations into programmes, policies and practices towards substantive health and developmental gains.

References

1. ILO. (2018). Empowering women working in the informal economy. In 2nd Meeting of the Global Commission on the Future of Work.
2. ILO. (2013). Measuring informality: a statistical manual on the informal sector and informal employment (Vol. April). Geneva.
3. Chen, M. A. (2016). Expanding the Economic Potential of Women Informal Workers. Background paper for the UN Secretary-General's High-Level Panel on Women's Economic Empowerment.
4. Chant, S., & Pedwell, C. (2008). Women, gender and the informal economy: An assessment of ILO research and suggested ways forward.
5. Harpham, T. (2009). Urban health in developing countries: what do we know and where do we go?. Health & place, 15(1), 107-116.
6. Women, U. N. (2015). Progress of the world's women 2015-2016: Transforming economies, realizing rights. UN.
7. Moussié, R. (2020). Extending childcare services to workers in the informal economy : Policy lessons from country experiences (No. Policy Brief No. 3. International Labour Organization (ILO) and WIEGO.)
8. UNICEF. (2019). UNICEF's Global Social Protection Programme Framework. New York.
9. Vilar-Compte, M., Teruel, G., Flores, D., Carroll, G. J., Buccini, G. S., & Pérez-Escamilla, R. (2019). Costing a maternity leave cash transfer to support breastfeeding among informally employed Mexican women. Food and nutrition bulletin, 40(2), 171-181.
10. Aitken, Z., Garrett, C. C., Hewitt, B., Keogh, L., Hocking, J. S., & Kavanagh, A. M. (2015). The maternal health outcomes of paid maternity leave: A systematic review. Social Science & Medicine, 130, 32-41.
11. Benach, J., & Muntaner, C. (2007). Precarious employment and health: developing a research agenda. Journal of Epidemiology and Community Health, 61(4), 276–277. https://doi.org/10.1136/jech.2005.045237
12. Chen, Martha Alter. The informal economy: Definitions, theories and policies. Vol. 1, no. 26. WIEGO working Paper, 2012.
13. Conway, T., & Norton, A. (2002). Nets, ropes, ladders and trampolines: The place of social protection within current debates on poverty reduction. Development Policy Review, 20(5), 533–540. https://doi.org/10.1111/1467-7679.00188
14. Devereux, S., & Sabates-Wheeler, R. (2004). IDS Working Paper 232 Transformative social protection. Development, (October), 36.
15. Hewitt, B., Strazdins, L., & Martin, B. (2017). The benefits of paid maternity leave for mothers' post-partum health and wellbeing: Evidence from an Australian evaluation. Social Science & Medicine, 182, 97-105.
16. Huang, R. & Yang, M. (2014). Paid maternity leave and breastfeeding practice before and after California's implementation of the nation's first paid family leave program
17. Skafida, V. (2012). Juggling work and motherhood: The impact of employment and maternity leave on breastfeeding duration: A survival analysis on growing up in Scotland data. Maternal and Child Health Journal, 16(2), 519–527. https://doi.org/10.1007/s10995-011-0743-7

18. Cooklin, A. R., Rowe, H. J., & Fisher, J. R. W. (2007). Employee entitlements during pregnancy and maternal psychological well-being. Australian and New Zealand Journal of Obstetrics and Gynaecology, 47(6), 483–490. https://doi.org/10.1111/j.1479-828X.2007.00784.x
19. Cooklin, A. R., Rowe, H. J., & Fisher, J. R. W. (2007). Employee entitlements during pregnancy and maternal psychological well-being. Australian and New Zealand Journal of Obstetrics and Gynaecology, 47(6), 483–490. https://doi.org/10.1111/j.1479-828X.2007.00784.x
20. Stumbitz, B., Lewis, S., Kyei, A. A., & Lyon, F. (2018). Maternity protection in formal and informal economy workplaces: The case of Ghana. World Development, 110, 373–384. https://doi.org/10.1016/j.worlddev.2018.06.007
21. Vilcu, I., Probst, L., Dorjsuren, B., & Mathauer, I. (2016). Subsidized health insurance coverage of people in the informal sector and vulnerable population groups: trends in institutional design in Asia. International Journal for Equity in Health, 15(1), 1–29. https://doi.org/10.1186/s12939-016-0436-3
22. Namsomboon, B., & Kusakabe, K. (2011). Social protection for women homeworkers: A case of healthcare services in Thailand. International Journal of Sociology and Social Policy, 31(1–2), 123–136. https://doi.org/10.1108/01443331111104841
23. Atinga, R. A., Abiiro, G. A., & Kuganab-Lem, R. B. (2015). Factors influencing the decision to drop out of health insurance enrolment among urban slum dwellers in Ghana. Tropical Medicine & International Health, 20(3), 312-321.
24. Lattof, S. R. (2018). Health insurance and care-seeking behaviours of female migrants in Accra, Ghana. Health policy and planning, 33(4), 505-515.
25. Bhan, G., Surie, A., Horwood, C., Dobson, R., Alfers, L., & Rollins, N. (2020). Informal work and maternal and child health : a blind spot in public health and research, (February 2019), 219–221.
26. Moussié, R. (2016). Child care from the perspective of women in the informal economy, 18.
27. Graham, W. J., Afolabi, B., Benova, L., Campbell, O. M. R., Filippi, V., Nakimuli, A., ... & Waiswa, P. (2020). Protecting hard-won gains for mothers and newborns in low-income and middle-income countries in the face of COVID-19: call for a service safety net. BMJ Global Health, 5(6), e002754.
28. WIEGO. (2020). COVID-19, Informal Workers and WIEGO's Work during this Crisis | WIEGO. WIEGO. https://www.wiego.org/covid19crisis
29. WIEGO. (2020). Impact of public health measures on informal workers livelihoods and health. April, 1–8.